

REPORT COVERING:

- ☐ JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15
- ☒ JANUARY 1 through DECEMBER 31, 2004 - DUE BY FEBRUARY 15

1. Name: Shulman Robin J.
Last First MI

2. Business Address: 300 Tice Blvd Woodcliff Lake, NJ 07677
Street and No. City State Zip

Mailing Address: Compliance Officer

3. Business Phone: (201) 802-2323
Area Code and Telephone Number

4. Employer: SEIK ADVISORS

5. Employer's address: same as above
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
From July 1 through December 31?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	NA <input type="checkbox"/>

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

FOR OFFICE USE ONLY
Postmark Date: _____

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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: Louisiana Firefighters' Retirement System

b. Total of all expenditures made January 1 through June 30: \$ none

c. Total of all expenditures made July 1 through December 31: \$ none
(When applicable)

d. Total of all expenditures made during the calendar year: \$ none

2) a. Name of Retirement System: n/a

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

3) a. Name of Retirement System: n/a

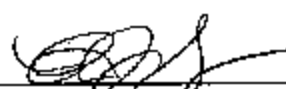
b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



Signature of Filer
Compliance officer